



Support for Children and Young People's Emotional Health and Wellbeing

Devon, Torbay and Plymouth

2017-2022

Local Transformation Plan Refresh

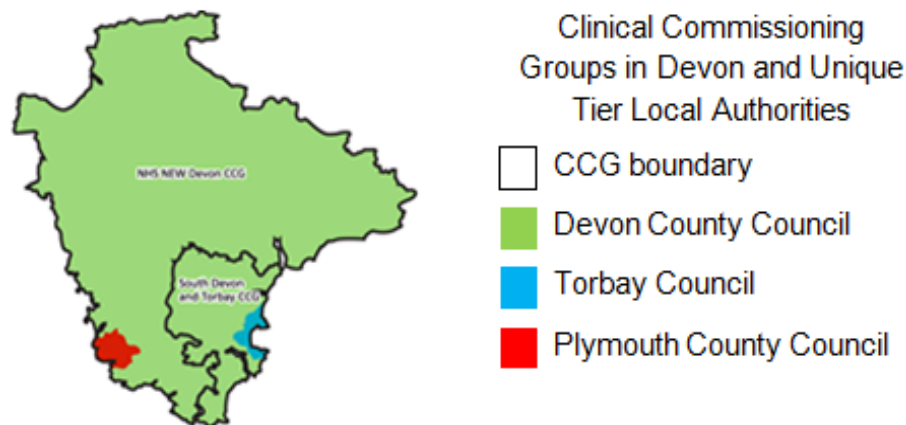
NHS organisations involved:

South Devon and Torbay Clinical Commissioning Group
Northern, Eastern and Western Devon Clinical Commissioning Group

Background

This Local Transformation Plan refresh has been used as an opportunity to bring together two Clinical Commissioning Groups and three Local Authorities to develop shared priorities across the geographical area of Plymouth, Devon and Torbay.

The map below shows the area that this plan applies to:



In this plan, 'Devon' will refer to this whole area.

The refresh provides information on the shared priorities for the Devon area. Although we share these priorities, how the support is delivered will need to be personal to you and the area you live in.

This plan has been written for you, as children and young people living in Devon. The way it is written and

designed is based on what you have told us would work best for you. This is why there will be different styles of this plan available.

Our vision

As children and young people living in Devon, we want you to experience good emotional health and wellbeing. Research has shown five ways that are important to good emotional health and wellbeing. These are:

- 1) Being **connected** to those around you
- 2) Being **active**
- 3) Being able to **learn** new skills and interests
- 4) Being able to **give** to others by helping or supporting them
- 5) Being curious and **mindful** of the moment you're in

We will use these five ways to help you experience the best emotional health and wellbeing that you can. These five ways and your safety will be kept at the centre of the support you receive.

Each of you will have different experiences that will affect your ability to develop or maintain your emotional health and wellbeing. Some of these experiences will be positive, some will not. This means that the support you need must be built around you. It must be based on your experiences and who you are as a person.

No one service or person can be responsible for your emotional health and wellbeing. We all need to continue to work together to make sure your emotional health and wellbeing is supported. By everyone, we include you and those closest to you and everyone that may work or be involved with you. Our goal is that together we will build a system of support that will mean you can get the:

- ✓ right support
- ✓ at the right time
- ✓ in the right place
- ✓ from the right person

By the **right support**, we mean the support you need for your emotional health and wellbeing. This may mean: a specific 'talking therapy'; those around you doing things to support you; being able to read information online and trying different strategies by yourself; or going to a sports club, affordable gym or a local youth group. The support you need will be personal to you. It will be built around your strengths and needs. The support should be based in evidence or research.

By the **right time**, we mean that you receive the support you need at the time you need it. This means support will be available outside of 'office hours.' This means that your emotional health and wellbeing needs will not need to get worse before you get support. It

also includes making sure that you receive the support you need in the right order and that you do not have to wait too long for any of the support you need.

By the **right place**, we mean in the best place for you. We want this to be as close to your home as possible. Your safety and that of anyone that you are working with must always be the most important thing when we think about the right place.

By the **right person**, we mean the person that is best to help you. The right person will depend on lots of different things such as who you want to be supported by and the skills the person needs to help you.

How will we do this?

We will build support around a framework called THRIVE. It was developed at the Anna Freud Centre in London. The framework is on the next page in Figure 1.

It will let us build support that focuses on supporting your emotional health and wellbeing so you can stay well, as well as providing support when you experience a challenge to your emotional health and wellbeing.

This framework tries to balance your emotional health and wellbeing needs with the type of support that you may need.

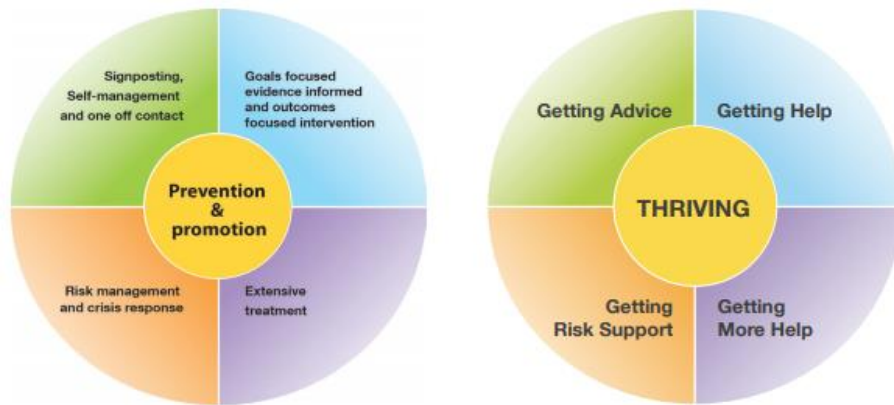


Figure 1: THRIVE framework, THRIVE Elaborated (2016)

Each part of the framework has a different focus:

Thriving: supporting the development of good emotional health and wellbeing by taking a preventative approach.

Getting Advice: the challenges you experience mean you need advice or information to manage your own emotional health and wellbeing.

Getting Help: the challenges you experience mean you need some specific support, likely to be time limited.

Getting More Help: the challenges you experience mean you need support that is likely long term, such as Eating Disorder or Early Intervention in Psychosis (EIP).

Getting Risk Support: the challenges you experience

mean that you need crisis support, as your needs are such that you need immediate support to keep you safe.

The support you will be able to receive may be directly from a person or may involve digital technology. We will make sure all support is of good quality and safe.

You can find more information about the THRIVE framework at www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf or www.implementingthrive.org/about-us/the-thrive-framework/

Everyone needs to be involved in building and delivering the support you may need. We cannot list everyone but this should give you an idea of who we mean:

- You
- Your family (everyone's family is different, so we mean the people that are important in your life)
- Foster carers
- Early Help workers
- GPs
- Schools and colleges
- CAMHS
- Social workers
- Local community groups
- Voluntary and independent groups

- Hospital nurses, doctors and consultants
- Police, fire and ambulance staff
- Educational psychologists
- Youth offending workers
- Clinical psychologists
- School nurses
- Health visitors
- Early years workers
- Therapists, like speech and language therapists, physiotherapists, occupational therapists
- Public Health, Local Authorities and Clinical Commissioning Groups

We have already started to build support around this framework, but we need to do more.

What do we want this support to do?

Challenges to your emotional health and wellbeing can have a negative impact on you and your family. This can be both immediate and long term. Impact can also be referred to as outcomes. We want you to achieve the best outcomes you can, so that more of you will have:

- Good emotional health and wellbeing
- Recovering emotional health and wellbeing needs
- Good physical health
- A positive experience of care and support
- Access to high quality support, as close to home as

possible

- An understanding of emotional health and wellbeing

There has been a lot of information written around the impact of not supporting your emotional health and wellbeing. If you want to read more, we would recommend looking at a report called 'Future in Mind': www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

What else does this plan tell you?

We have described the support for your emotional health and wellbeing that we want to deliver for all of you aged 0-18 years who are living in Devon. The rest of this plan will tell you:

- 1) Some of what we know about your emotional health and wellbeing
- 2) What we did in 2016/17
- 3) What we want to do over the next five years

At the end of this plan, there are some appendices. Two of these appendices tell you:

- 1) How we will make this plan become a reality
- 2) The steps we will take to make the priorities become real

What we know of your emotional health and wellbeing
 We collect a lot of information within different services and organisations. We need to use this information to understand what this means for your emotional health and wellbeing.

Public Health England, which works to identify what keeps people well and can make them unwell, has developed a framework (Figure 2, below) that identifies the positive and negative factors that can influence your emotional health and wellbeing.

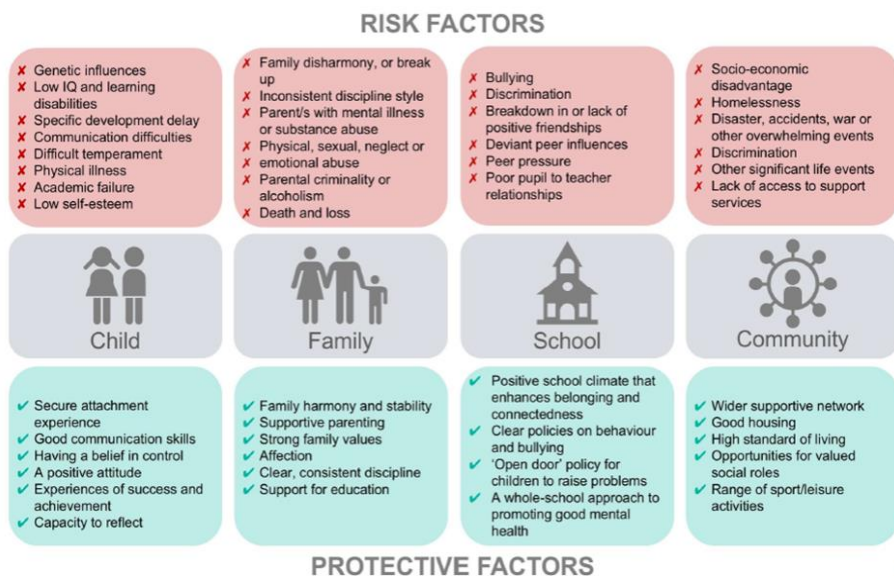


Figure 2: The Mental Health of Children and Young People in England, Public Health England (2016)

We used this framework to understand what this means

for your emotional health and wellbeing living in Devon. This information is on pages 7 and 8.

Not all of the information that we want to know is available, but this is something we are working on. Some of the information is also not complete or may not be from a very reliable source. Appendix 3 has more details on where and how we got this information.

The information on pages 7 and 8 uses some acronyms. The acronyms and their meaning are:

- **DCC:** Devon County Council. This is one of the local authorities in Devon. The other two are Plymouth City Council and Torbay Council. The areas they cover are in their name. A local authority is responsible for services that you may need, for example, social care.
- **STP:** Sustainability and Transformation Partnership. You can read more about this in Appendix 1.
- **CCGs:** Clinical Commissioning Groups. They are responsible for buying health services in your area. The areas they buy health services for are in their names: South Devon and Torbay CCG and Northern, Eastern and Western (NEW) Devon CCG.

Overview of risk factors for your emotional health and wellbeing

Child	Family	School and Peers	Community
<ul style="list-style-type: none"> × Physical illness and long-term conditions: <ul style="list-style-type: none"> ▪ At least one in ten children in Devon STP is likely to have a long-term health condition such as asthma ▪ More young people aged 16-24 say their activities are limited due to disability or a long term condition in Torbay compared to the national average; Devon, Plymouth and Torbay also have more young people saying they are 'limited a little'¹ than the rest of the country × Low academic achievement <ul style="list-style-type: none"> ▪ Young people in Plymouth do not do as well at GCSE on average compared to national results¹ × Low self-esteem <ul style="list-style-type: none"> ▪ School surveys suggest girls in poorer areas score lowest on self esteem² × Communication difficulties <ul style="list-style-type: none"> ▪ There are rising numbers of children with speech, language and communication needs (SLCN), the second most common special educational need in Devon schools¹; ▪ In Plymouth the percentage with SCLN is higher than the national average ▪ The percentage of children identified with autism spectrum disorder has risen over time⁴ × Learning disabilities <ul style="list-style-type: none"> ▪ Schools in DCC and Torbay have a higher proportion of pupils identified with a learning disability than the national and regional average² 	<ul style="list-style-type: none"> × Parents with poor mental health: <ul style="list-style-type: none"> ▪ We don't have good or complete information about the number of parents with mental health problems in the STP ▪ In Plymouth, the Health Visitor Surveys have reported rising rates of mental ill health in parents which is worse in poorer areas⁵ × Physical, sexual, neglect or emotional abuse: <ul style="list-style-type: none"> ▪ Around 1 in 5 children have seen or heard domestic abuse; this would add up to 50,000 children in the STP ▪ Rates of looked after children (children in care) are higher in Plymouth and Torbay; even compared to similar local authorities¹ × Death and loss <ul style="list-style-type: none"> ▪ <i>There is no suitable information available to show here</i> × Family conflict or break-up <ul style="list-style-type: none"> ▪ <i>There is no suitable information available to show here</i> × Parental criminality, substance misuse or alcoholism <ul style="list-style-type: none"> ▪ <i>There is no public information we can show here</i> × Parents having difficulty managing child's behaviour and setting boundaries <ul style="list-style-type: none"> ▪ <i>There is no suitable information available to show here</i> 	<ul style="list-style-type: none"> × Bullying: <ul style="list-style-type: none"> ▪ In school surveys, children and young people in schools across the STP have said they have concerns about bullying^{6,7} × Peer pressure: <ul style="list-style-type: none"> ▪ Amongst pupils in Plymouth and DCC secondary schools, more than 1 in 20 said they had been pressured by their boyfriend/girlfriend into having sex or doing other sexual things^{2,7} × Exclusions from school <ul style="list-style-type: none"> ▪ A higher percentage of children in Torbay are excluded from school than the national average. The most common reason for most being excluded was behaviour¹ × Lack of positive friendships <ul style="list-style-type: none"> ▪ There is no suitable information available to show here × Drugs and alcohol <ul style="list-style-type: none"> ▪ The Torbay and South Devon Children Count survey suggested that many young people in the areas were using illegal drugs⁷ ▪ According to the What About Youth survey; 4-6% of 15-year olds across the STP said they had used cannabis in the past month¹ ▪ Hospital admissions due to alcohol in under-18s have been higher across Devon, Plymouth and Torbay than the national average¹ 	<ul style="list-style-type: none"> × Socio-economic disadvantage <ul style="list-style-type: none"> ▪ The Social Mobility Index looks at how well children from poorer backgrounds do as adults in the area (for example, in getting jobs and buying homes)⁸ ▪ Plymouth, North Devon, Torridge and Mid Devon have the lowest scores on the Index in the STP ▪ Plymouth and Torbay have the highest levels of children living in poverty. However, in the Devon County Council area there are still some areas with high numbers of children growing up in poverty × Homelessness <ul style="list-style-type: none"> ▪ Compared to the rest of the country, there are fewer homeless families in the STP. However, some housing is not of good quality and the cost of heating is also a concern⁹ (fuel poverty) × Problems getting access to services (like health or leisure) <ul style="list-style-type: none"> ▪ People living in some areas of Devon live a long way from major towns and cities and are in the bottom 10% nationally in terms of geographical access to services⁹ × Discrimination <ul style="list-style-type: none"> ▪ In some surveys, young people with special needs have told us that they cannot join in some activities or get access to the places that they want to go¹⁰

Overview of protective factors for your emotional health and wellbeing

Child	Family	School and Peers	Community
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Experiences of success and achievement <i>Each child or young person has their own individual successes and so it is hard to give any information here</i> <input checked="" type="checkbox"/> Secure relationship with parents or carers <i>There is no suitable information available to show here</i> <input checked="" type="checkbox"/> Good communication skills <ul style="list-style-type: none"> ▪ More children (especially in Torbay and Plymouth) are achieving the goals expected in communication and language in the Early Years Foundation Stage Profile (EYFSP)¹¹. The profile helps to measure how very young children are developing <input checked="" type="checkbox"/> Having a belief in control, ability to think and reflect and a positive attitude <ul style="list-style-type: none"> ▪ School children in Plymouth reported an increase in feelings of confidence and in control between 2014 and 2016² ▪ The percentage of children achieving at least expected scores across all learning goals in personal, social and emotional development in the EYFSP has increased across the STP over time¹¹ 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Family harmony and stability <i>For many of these factors there is no suitable information to show</i> <input checked="" type="checkbox"/> Supportive parenting <ul style="list-style-type: none"> ▪ School surveys in Plymouth suggested an increase in the proportion of pupils saying parents like to hear their ideas³ <input checked="" type="checkbox"/> Strong family values <i>For many of these factors there is no suitable information to show</i> <input checked="" type="checkbox"/> Affection <i>For many of these factors there is no suitable information to show</i> <input checked="" type="checkbox"/> Clear consistent discipline <i>For many of these factors there is no suitable information to show</i> <input checked="" type="checkbox"/> Support for education <i>For many of these factors there is no suitable information to show</i> 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Positive school climate enhancing connectedness <i>For many of these factors there is no suitable information to show</i> <input checked="" type="checkbox"/> Clear policies on bullying and behaviour <i>For many of these factors there is no suitable information to show</i> <input checked="" type="checkbox"/> 'Open door' policy for children to raise problems <ul style="list-style-type: none"> ▪ School surveys in Plymouth suggested an increase in the proportion of pupils saying their teachers listen to them² <input checked="" type="checkbox"/> A whole school approach to promoting good mental health: <ul style="list-style-type: none"> ▪ Plymouth and Devon currently have early help for mental health programmes which include support for schools and teachers 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Wider supportive network <i>For many of these factors there is no suitable information to show</i> <input checked="" type="checkbox"/> Good housing <ul style="list-style-type: none"> ▪ The percentage of families who are homeless family is generally lower than average across the STP - but see Risk Factors above <input checked="" type="checkbox"/> Opportunities to learn and to do things that other people value <ul style="list-style-type: none"> ▪ The percentage of young people not in employment, education or training has been decreasing over time in Devon¹ <input checked="" type="checkbox"/> Range of sport and leisure opportunities: <ul style="list-style-type: none"> ▪ Our area has lots of green space, countryside and coastlines but there can be problems with getting to these areas - for example where public transport is not very good⁹

What you've told us about the support you need

We always try to listen to what you say you want. We have different ways to listen, including focus groups, face-to-face meetings, online surveys and conferences. Some of the key themes from this have been:

- Changes to crisis care so that you can get support before crisis point
- Focus on individual outcomes
- Improved transition
- Earlier help
- Focus on prevention
- Work with education
- Improve waiting times

This information has helped us to identify the areas that we need to focus on to support your emotional health and wellbeing. We know we need to do more to work with you in delivering the support you want.

This plan describes what we did during 2016/17 and what the priority areas are for 2017-2022.

We know that we need to reduce the negative experiences that will affect your emotional health and wellbeing, so other plans in Devon are focusing on reducing these. If you want to read these plans, please look at the websites for your local authority or CCG.

What we did in 2016/17

Between 2015 and 2020, the Government has promised to give the Clinical Commissioning Groups (CCGs) some additional money to improve support for your emotional health and wellbeing.

Every year the CCGs need to publish a document that describes how they have used this money to improve support for your emotional health and wellbeing and how they are working to deliver the targets in the Five Year Forward View for Mental Health. As the two CCGs are working together as part of the Devon Sustainability Transformation Partnership, this plan includes this information for 2016/17.

The previous CCG plans can be found using these links:

- NEW DEVON CCG: www.newdevonccg.nhs.uk/children-and-young-people/local-transformation-plan-for-mental-health-services-camhs-102753
- South Devon and Torbay CCG: www.southdevonandtorbayccg.nhs.uk/about-us/commissioning/our-plans/Pages/camhs-transformation-plan.aspx

Some of the changes during 2016/17 involved funding additional support and some involved changes to existing support. The following section (pages 10 to 11) lists

some of the new things we have done. In this section, where we use 'Devon', it refers to the Devon County Council geographical area. The map on page 2 shows the areas covered by the councils.

Devon: Redesigned the pathway for identifying and supporting the EHWB* needs of those of you who are Looked After. This will mean that if you are a 'Looked-After Child' and you need specialist support from CAMHS, you will receive this within 11 weeks of entering care.

Torbay, Plymouth and Devon: Investment to reduce waiting times for CAMHS.

Torbay: We started to redesign the pathway for support for those of you who are Looked After, but we did not finish. We will complete this in 2017/18.

Torbay and South Devon: Finalised plans for a community-based Eating Disorder Service that went live in November 2017.

Plymouth: Funding from a group of schools for a three-year project. Some of the achievements from the first year are: 100% of schools have a Mental Health Lead; 42 school-based staff have received mental health awareness training; 53 young people were trained as Peer Listeners; 24 staff from special schools have been trained in Level 1 Theraplay, MIM* and Group Theraplay; 20 staff from special schools have been trained in Level 2 Theraplay and Marschak Interaction Method; 1,636 children and young people accessed Kooth and, of these, 463 have engaged in online support; and 616 different children and young people have accessed face to face counselling.

Torbay, Plymouth and Devon: Through collaborative commissioning plans with NHS England, invested in additional CAMHS and Speech and Language Therapy support for those children and young people who are referred to the Youth Offending Teams.

Devon, Torbay and Plymouth: Successfully secured funding across the next three years to invest in increasing perinatal mental health services. This is a service for parents who need support from specialist mental health practitioners.

Torbay: Invested in an enhanced Crisis Resolution and Home Intervention Team. This team works 9am-10pm during the week and 9am-5pm at weekends.

Torbay and South Devon: Six thousand children and young people completed an online survey in their schools. This will tell us the challenges they face to their emotional health and wellbeing.

Devon: Started to pilot the use of Personal Health Budgets for some of you who Looked After. Our target is to have 40-50 personal budgets in place by March 2018. We currently have 43 young people accepted and five 'live' personal budgets underway. A personal budget is an agreed amount of money that can be spent to support your emotional health and wellbeing in a creative way.

Plymouth: CAMHS offer a consultation within six weeks when needs identified. This consultation is face-to-face.

Torbay, Plymouth and Devon: Funded CAMHS staff to attend CYP IAPT courses. For more information please see page 17.

Torbay and South Devon: Finalised plans for a pilot Creative Arts Project to work with some of you who were moving from year 6 to year 7 or who had just started in year 7. These projects started in June 2017.

Devon: Sixty-eight teaching assistants were trained to become Emotional Literacy and Support Assistants (ELSA). This included six days of training on loss, bereavement and family break up, managing emotions like anger and anxiety, active listening and reflective conversation skills and using social and therapeutic stories.

Devon: Attachment-based Mentoring offered to schools in Devon. This model has three parts: Attachment and relationships; Development; and Practical Support.

Plymouth: The CAMHS crisis service started to work extended hours: 8am-8pm.

Devon: The School Health Education Unit did a survey with 5,541 children to understand how they feel about their own health and wellbeing. This told us about some of the things that worry you and what support you think would help.

Torbay: Through joint funding between schools and Torbay Children's services, the Torbay Education safeguarding Service provides advice to schools.

Plymouth: 4,342 pupils from years 8 and 10 completed the health-related behaviour survey to tell us what life is like for them. Reference is: www.plymouth.gov.uk/sites/default/files/Child%20mental%20health%20and%20resilience%20summary%20report%202016_Final_v1.1.pdf

Here are some of the things we continued to support in 2016/17. This is not everything, just a few examples:

Devon: A community-based eating disorder for those of you who live in Northern and Eastern Devon.

Torbay: A CAMHS participation group for you and your families.

Devon: Early Help for Mental health. Over 300 schools in Devon have had training to help school staff support you with your emotional health and wellbeing. There is also face-to-face and online counselling available. For more details, see Appendix 4.

Torbay, Plymouth and Devon: Funding a Place of Safety for police to use. When they are concerned for the emotional health and wellbeing of a child or young person in a public place, they will take them to the place of safety for an assessment.

How did we spend the money we had?

The tables show how much funding the CCGs have made.

CAMHS (IN £'000)	14/15	15/16	16/17	17/18 plan
NEW Devon CCG	8,181	8,917	10,123	11,095
SDTCCG	2,709	3,163	3,723	3,752
TOTAL	10,890	12,080	13,846	14,847

2016/17	NEW Devon	SDTCCG
Core CAMHS	8,232	2,877
Transformation	1,891	616
Vanguard (non recurrent)	-	230
TOTAL	10,123	3,723

The CCGs are committed to supporting the transformation of Emotional Health and Wellbeing for Children and Young People.

The CCGs will be agreeing how they will spend future funding in line with the priorities of the Five Year Forward View and the wider transformation described in this plan.

What we want to do next

The next section outlines our priorities for supporting your emotional health and wellbeing. These are divided into two different sets:

- **Priorities Set 1: Changes to the way support is developed and delivered**
- **Priorities Set 2: Support for your emotional health and wellbeing needs because of specific experiences**

Priority 1.A: Support for your emotional health and wellbeing will be built and delivered around the THRIVE framework and its principles. The THRIVE framework was described on page 4. Through having one framework we will have a shared approach. Through working together, we can make it happen.

Priority 1.B: Families, schools, colleges, local

communities and services will be able to develop and support resilience. Life can present challenges that we need to overcome. We all need to learn ways to do this. We want to support you in developing the knowledge, tools and skills to do this. This will mean that you have different ways to manage the challenges in your life.

While we support you to develop these skills, we also need to look at the challenges you face and work to overcome these. The framework on page 6 shows the risk and protective factors to your emotional health and wellbeing. Other areas of the Sustainability and Transformation Partnership and services within Health, Education and Social Care will support these, such as safeguarding and making sure you receive outstanding teaching. They are an important part of the approach to supporting your resilience.

We will also support your resilience by making sure that those around you have the tools, knowledge and support for their own resilience. Those around you can only support you if they are resilient themselves.

Our focus on resilience will be part of our preventative approach to emotional health and wellbeing. It is the focus of the 'Thriving' part of the THRIVE framework. The five ways to emotional health and wellbeing (see page 2) will be at the centre of this work.

Priority 1C: Your emotional health and wellbeing needs will be supported earlier in order to prevent enduring and serious mental ill health. We think we can do this by identifying your needs and supporting you as soon as possible.

We need to make sure that those you may talk to understand emotional health and wellbeing and have the confidence and skills to talk about this with you.

One of the key ways that we want to do this is through working with your schools and colleges. We know that you spend a lot of time at school and college. We also know that your emotional health and wellbeing will affect how you feel about being at school and how well you are able to do. Most of you have told us that you want your schools and colleges to be part of helping you but also that support should be provided in other places.

Priority 1D: Transitions. Transition is a term used when you move between support. We want you to experience an easy, planned transition no matter what support you are receiving. The Children and Young People's Work Programme in the Devon STP is going to lead on improving transitions. We will work with them.

Priority 1E: Working with you. We have described some of the ways that we have worked with you on

pages 9, 10, 11 and 15. We need to do more. As you will be the people using the support, we want to co-design and co-produce the support for your emotional health and wellbeing.

Priority 1F: Deliver the targets of the Five Year Forward View for Mental Health. This will mean that for those of you who need support from specialist mental health services, you will receive the support you need. NHS England has set targets that the CCGs must achieve by 2020. These targets are in the 'Five Year Forward View for Mental Health.' You can read about this at www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf and www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf. Please see pages 15-18 for more details on what we have done so far and what else we need to do.

Priority 1G: You will receive effective support and help when in crisis but we will also focus on supporting you to prevent crises occurring. This priority links to the target in the Five Year Forward View around delivery of an effective 24/7 crisis response. Please see page 17 for more information around what we want to do.

Priority 1H: The support you receive for your emotional health and wellbeing will be evaluated

against outcomes that are the same wherever, however and whoever you receive support from.

Priority 1I: We will have processes in place that enable us to collect and evaluate data around the risk and protective factors for your emotional health and wellbeing so that we can identify where we need to target support for your emotional health and wellbeing. This also applies to Priority 1H, as the two priorities are different, but linked.

We collect a lot of information around what different services do. We collect a lot of information about what is happening for you in Devon.

We need to get better at collecting information that shows what difference the support you receive makes to you. We need to understand how it is improving outcomes for you.

We need to get better at using the data to understand your emotional health and wellbeing needs. This will help us know where we need to target support to you now but also where we could have put support at an earlier point.

We have started to think about this, and using information against the Risk and Protective Factors is one of the steps we have taken.

Priority 2A: We will make sure that if you have experienced abuse (sexual, physical, emotional and/or neglect) you will be able to access the support you need to support for your emotional health and wellbeing needs. This will be part of a wider system of support.

Priority 2B: We will make sure if your parent(s)/carer(s) experience mental ill health that your emotional health and wellbeing needs are supported. This pathway of support will begin during pregnancy.

Priority 2C: We will make sure that the emotional health and wellbeing needs of those experiencing physical ill health are supported. This will be part of a wider system of support for your physical health needs.

Priority 2D: We will make sure that the emotional health and wellbeing needs of those with Autism Spectrum Disorder are supported. This will be part of a wider system of support for autism spectrum disorder.

Priority 2E: We will make sure that those of you who are demonstrating 'challenging behaviour' receive the support you need for your emotional health and

wellbeing needs. This will be part of a wider system of support for those with challenging behaviour.

During 2016/17 and continuing into 2017/18, we talked with you and those closest to you around the changes that you would want to see within different services that you may use. This is because the contracts we have with people to provide some of this support will need to be renewed. We needed to understand what you would want from this new contract. This new contract is due to start 2019. This process is called procurement. When we were talking with you and your families around the changes that you wanted from these new contracts, you spoke a lot around these priority areas. We know that although you can access support, the support you receive is not as you want or need it to be. Everything you told us has been written up and published online. The final version of the report is being finalised. Once this is done, the link will be added to this plan.

These priorities will be focused on as part of the changes made through procurement. We will need to carefully plan any work that we do before procurement.

The Five Year Forward View for Mental Health

On page 4 we described the THRIVE framework that we want to build support around. The targets in the Five Year Forward View connect to the support that you are

more likely to need within Getting More Help or Getting Risk Support. This support is likely to involve specialist mental health support. In your local area, Child and Adolescent Mental Health Services (CAMHS) provide this. If you live in Plymouth, Livewell Southwest (LSW) provides this support. If you live in Torbay, Torbay and South Devon Foundation Trust (TSDFT) provides this support. For those of you living in the rest of Devon, Virgin Care Limited (VCL) provides this support.

We will take each target in this document and tell you how we are doing. The targets we will talk about are those that apply to you as children and young people.

TARGET: By 2020/21, a Community Eating Disorder Service will be in place. For urgent referrals, you will start treatment within a week. For routine referrals, treatment will begin within four weeks.

If you live in Torbay or Devon (but not Plymouth), community-based eating disorder services have been commissioned so that these waiting times will be met. This model of care has been recommended by NHS England's commissioning guidance and includes specialist CAMHS practitioners, Consultant Psychiatrists, Dieticians and Community Paediatricians and Nurses all working together. Virgin Care Limited holds the contract for this support in these areas. They are a member of the Quality Network for Community CAMHS

Eating Disorders. This means that other CAMHS review the service and suggest areas for improvement. These plans will be shared with commissioners.

If you live in Plymouth, plans have been finalised for providing a similar service for you. New staff are being recruited. If you have an eating disorder and live in Plymouth, you do receive support. The changes that are being finalised will mean that the waiting times above are met and that all the requirements in the Five Year Forward View are met.

TARGET: By 2020/21, at least 35% of you with a diagnosable mental health condition will be receiving treatment from an NHS-funded service.

Our three CAMHS providers send data to the CCGs showing how many of you they are supporting. They also send data to NHS England as part of the Mental Health Minimum Dataset (MHMDS). At the moment, not all this data seems to be matching and we are working with NHSE to resolve this. We need to do this so that we can be sure that those of you who need support from CAMHS are receiving this.

TARGET: By 2020/21, we will have reduced the number of you who are admitted to a Tier 4 Unit, as the support you need will be delivered locally.

A Tier 4 Unit is a specialist mental health unit where

you stay while you receive the support you need. These units are not always close to where you live. National and local evidence is showing that by changing the way we offer support to you where you live, we can help you to stay at home.

The data in Appendix 5 below shows how our admissions to Tier 4 have been reducing. This reduction matches changes to the way your local CAMHS teams deliver support in the community. This support is more intensive, works outside of normal CAMHS opening times and is often delivered in the home.

Some of the challenges to your emotional health and wellbeing needs will mean that you are best supported in a Tier 4 Unit. Your local CAMHS team makes sure that as soon as you are able to leave, they support you to return home.

TARGET: By 2020/21, we will be delivering a community based 24/7 crisis response.

This will help you to be supported at home when this is the best place for you to receive your support. If you have needed to be supported within a Tier 4 Unit, then this support should make your length of stay in a Tier 4 Unit as short as possible.

Locally, if you need an urgent or a crisis response from

CAMHS you are able to access support. There are differences to the way your CAMHS teams are commissioned to support your needs when you are in crisis or need support urgently.

The data in Appendix 5 shows you how many crisis or urgent referrals your CAMHS team receive. It also shows you how quickly they are able to respond to you.

Each of you will need different support when you are in a crisis. Some of you will need support led by CAMHS, some will need support led by Social Care. When we have spoken to you or your families, you tell us that most of the time you know when you are about to 'hit crisis.' We want to make sure that you receive effective support when you are in crisis but we also want to focus on supporting you before you 'hit crisis.'

There is not very much evidence that shows the best way to provide you with a 24/7 crisis response. Across the country, some areas are testing different ways of doing this. The results of these different ways of working should be ready in April 2018. In Torbay, we are testing an enhanced Crisis Resolution and Home Intervention Service, where you have an urgent and emergency mental health care plan in place within four hours. This enhanced service has been collecting a lot of data during 2017 that we are now able to learn from.

As part of our work within the Devon STP, we have a small group leading this work. This includes leads from CAMHS, Social Care, the local hospitals and those of you who have experienced crisis. We are in the process of collecting information so that we understand your needs before you are in crisis and what happens when you 'hit crisis.' Some of this information includes:

- When you are admitted to your hospital in crisis
- The reasons you are admitted
- The length of time you stayed in hospital
- Was there a delay in you leaving? Why?
- Who did you need support from to help you recover from crisis?
- What difference did the support make?
- At a point in time, how many of you are approaching crisis? How many of you are known to CAMHS, social care and both?
- What are the similarities and/or differences in those of you approaching crisis

TARGET: By 2020/21, there will be 1700 more trained therapists and supervisors. This is the target across the whole of England.

All our CAMHS are part of a CYP IAPT learning collaborative. This means they are 'signed up' to the principle of 'delivering well, delivering with.' This means that the support you receive is evidence based. CAMHS

staff work with you to make sure the support you receive is making a difference to you and that you are involved in working out the support that you need. Other services that may support your emotional health and wellbeing are also part of the CYP IAPT collaborative.

To make sure CAMHS staff are trained in the evidence-based support you need, NHS England have been part-funding staff to attend. The CCGs have funded the rest. In 2018, this changes and the CCGs will need to fund all the costs. We want to carry on supporting this training. We will work with CAMHS and others who need access to this training to make a plan that makes sure the right people are trained in the right support; but we need to make sure we can afford this. We will finalise our workforce plans during 2018. This plan will link to the workforce plan that is being developed under the STP.

In Appendix 5, you will see information that tells you how quickly your CAMHS team are able to see you. You can also see how many extra staff we have working in CAMHS and how many have attended CYP IAPT training.

TARGET: By 2020/21, 60% of you will receive treatment for Early Intervention in Psychosis within two weeks of referral. This target includes adults. Devon Partnership Trust, a specialist provider of mental health services for adults, provides this support. They

offer a NICE-recommended, evidence-based treatment pathway for people aged 14+ who have Early Intervention in Psychosis.

It is likely that your local CAMHS team will be the first people to identify your need for support from this pathway. They have arrangements in place with Devon Partnership Trust so that you can receive the support you need from the Trust.

Summary

We hope that you feel this plan will provide the support you need for your emotional health and wellbeing.

We have tried to talk about this plan with as many people as we could, but we could not speak to everyone. We would like to hear your views and the views of those closest to you. If you want to ask a question or comment, please contact:

South Devon and Torbay CCG:

01803 652500

sdtccg@nhs.net

Northern, Eastern and Western Devon CCG:

01392 205205

D-CCG.CorporateServices@nhs.net

Appendix 1: How we will make this plan happen

Local changes

There have been some changes in the way your local organisations work. The organisations that provide support and/or have responsibility for buying support are now all working together across Devon. This is known as a Sustainability and Transformation Partnership (STP). The Devon STP has shared priorities that all these organisations have agreed to focus on. Your Emotional Health and Wellbeing is one of these priorities.

The Devon STP has responsibility for making sure that the support you need is of good quality, meets your needs and is affordable. The following is a list of some of the organisations involved in the Devon STP:

- Devon County Council
- Devon Partnership Trust
- Livewell Southwest
- Northern, Eastern and Western Devon Clinical Commissioning Group
- Northern Devon Healthcare NHS Trust
- Plymouth City Council
- Plymouth Hospitals NHS Trust
- Royal Devon and Exeter NHS Foundation Trust
- South Devon and Torbay Clinical Commissioning Group
- South Western Ambulance Service Trust
- Torbay and South Devon Hospitals NHS Foundation Trust
- Torbay Council

As we are all working together on the same priority, we are writing one plan that describes what we want to achieve across Devon for the next five years.

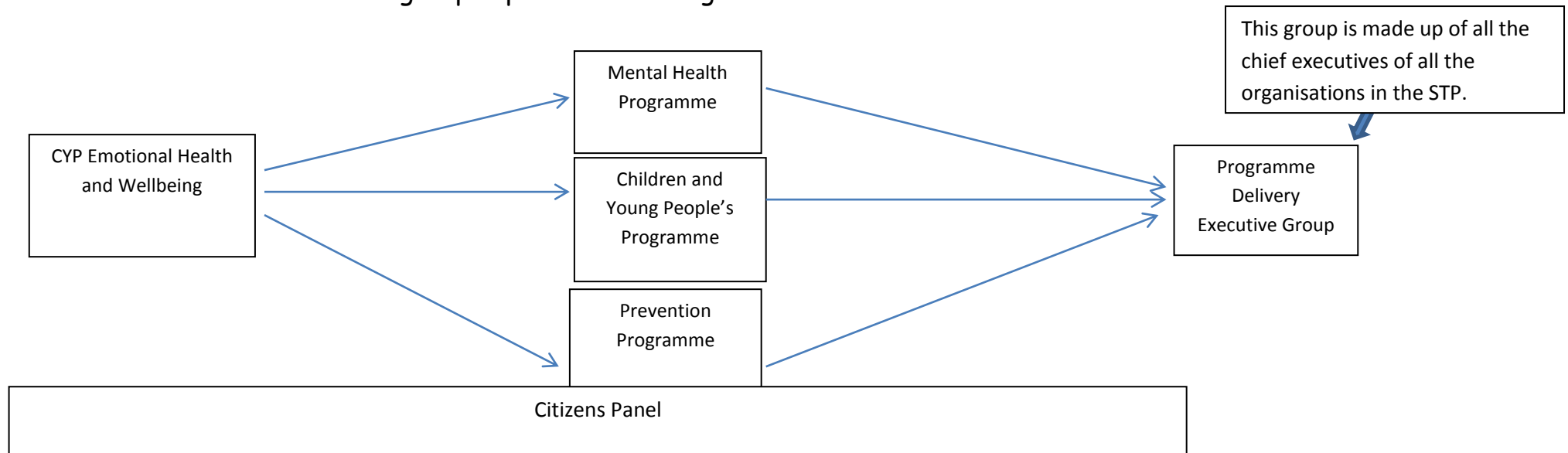
How will the Devon STP make this plan happen?

Under the STP there is a workstream called 'Children and Young People's Emotional Health and Wellbeing.' This group will have responsibility for making this plan happen. It is made up of leads from across Devon including: Education (including leads from Special Educational Needs); Social care; CAMHS; CCGs; Local Authorities; Public Health; Early Help; GPs; and Hospitals.

This group will work together and with others in their local areas to make the changes that need to happen. It reports to

three Programme Groups. They make sure we are doing what we need to be doing. Some of the changes we would like to make may need their help to make happen. If this is the case, we present our plans to the Programme groups. They can agree to this or they may need to ask the Programme Delivery Executive Group.

The chart below shows who this group reports to or the governance structure:



The reason that this work stream reports to three different programme groups is because of the approach we are taking. We are focusing on prevention all the way through to specialist mental health services.

The Mental Health Programme has a Citizens Panel that includes young people who have experienced challenges to their emotional health and wellbeing. The leads of the Mental Health Programme meet with this panel to discuss the work and to gain their views.

Appendix 2: The steps we will take to make the priorities happen

2017-18	2018-19	2019 onwards
Priority 1A: Implementing THRIVE		
<p>Work with the specialists at the Anna Frued Centre to ensure we all have a shared understanding of the THRIVE framework.</p> <p>Develop actions plans of how together we will build support around the THRIVE framework. We will need to begin with understanding how 'THRIVE like' we are already.</p>	<p>Smaller local areas will meet and continue to develop and implement their action plans. They will become 'Local Communities of Practice'</p> <p>Devon wide events will be held to review how 'THRIVE like' support in Devon is becoming.</p> <p>Continue to implement best practice.</p>	<p>Continue to build and evaluate support around the THRIVE framework.</p> <p>Local action plans will become available once written.</p>
Priority 1B: Support Resilience		
<p>Talk to specialists in resilience and look at different resilience frameworks.</p> <p>Understand what we are doing now in supporting resilience in different areas.</p> <p>Review approaches in other areas such as Blackpool and Somerset.</p> <p>Share this learning with you and those that work with you.</p> <p>Create an action plan of how we will implement a resilience framework.</p>	<p>Smaller local areas will meet and continue to develop and implement their action plans.</p>	<p>Continue to implement and evaluate our action plans.</p> <p>Local action plans will become available once written.</p>
Priority 1C: Early Support		
<p>Review all our local approaches to support in school and other non- school settings to understand what has worked well.</p> <p>Review other approaches that have been tried in other areas.</p>	<p>Develop plans and begin implementation.</p>	<p>Continue to implement and evaluate our action plans.</p> <p>Local action plans will become</p>

Understand the <i>Green Paper</i> that was released by the government in December 2017. This <i>Green Paper</i> focuses on the role that schools and colleges need to have to support your emotional health and wellbeing.		available once written.
Develop a shared framework that describes how support will be delivered.		
Priority 1D: Transitions		
Support the transition work and keep you informed.	Support the transition work and keep you informed.	Support the transition work and keep you informed.
Priority 1E: Working with you		
Review all our local approaches to understand what has worked well.	Agree the approach.	Implement the action plan and evaluate progress.
Review other approaches that have been tried in other areas.	Agree the accountability for involving children and young people.	Local action plans will become available once written.
Develop a shared approach and framework that describes how we will co-design and co-produce with you.	Develop an action plan.	
Priority 1F: Deliver Five Year Forward Targets		
See table below.	See table below.	See table below.
Priority 1G: Crisis Support		
See table below.	See table below.	See table below.
Priority 1H: Support delivered against outcomes		
	Review how other areas are doing this.	Implement the action plan and evaluate progress.
	Review our local approaches to this.	
	Develop an action plan that will show how we will achieve this priority.	
Priority 1I: Collecting and evaluating data		
	Review how other areas are doing this.	Implement the action plan and

	<p>Review our local approaches to this.</p> <p>Develop an action plan that will show how we will achieve this priority.</p>	<p>evaluate progress.</p>
Priority 2A-2E		
<p>Review the information that you told us around the changes that you wanted.</p> <p>Review guidance and best practice in other areas.</p> <p>Use this information in the redesign of services across Devon.</p>	<p>Develop an action plan and start to work on these priorities.</p>	<p>New contracts will be awarded and we will be able to develop plans across the next three years.</p>

2017-18	2018-19	2019 onwards
Five Year Forward View Target: Community Eating Disorder Service		
<p>Plymouth: plans finalised and recruitment begun.</p> <p>Continue to monitor and review performance of the community eating disorder services in place.</p>	<p>Continue to monitor and review performance of the community eating disorder services in place.</p>	<p>Continue to monitor and review performance of the community eating disorder services in place.</p>
Five Year Forward View Target: 35% will be receiving treatment from a NHS funded service		
<p>Work with NHS England to understand these data discrepancies.</p> <p>Create a local data dashboard that is based on the Five Year Forward View. The information needed to complete this will be similar to the MHMDS. By comparing the data the CCG have and the data that CAMHS send in to complete this dashboard, we will identify where the differences are.</p> <p>Complete the trialling of a CAMHS online modelling tool. By using this tool, we will be able to work out how many more appointments CAMHS need to be able to offer, so that more of you can receive support from CAMHS if you need it. By knowing how many more appointments need to be offered, we can work out how many more specialist mental health practitioners we need. We will also be able to use this tool to</p>	<p>Based on the work completed in 2017 -18, we will identify what we need to do next to make sure that we reach this target.</p> <p>Actions plans will be available for you to see.</p>	<p>Target will be achieved by 2020.</p>

<p>know what evidence based support these practitioners will need to be trained in. This online modelling tool will be ready to use by January 2018.</p>		
<p>Five Year Forward View Target: Deliver a community based 24/7 crisis response</p>		
<p>Collect data and information to understand your needs when you are in crisis or approaching crisis. This will be our baseline that we will be able to show the impact of changes.</p> <p>Start to develop a new way of working so that we have pathway of support across all areas of Devon that will reduce admissions, support recovery from crisis and prevent crises occurring. We will be basing response times on the Expert Reference Guidance which recommends that you have a care plan in place within 4 hours of referral to the crisis team.</p>	<p>Finalise our plans and identify the funding needed. This plan will involve working with NHS England specialist commissioning.</p> <p>Implement plans.</p>	
<p>Five Year Forward View Target: CYP IAPT training</p>		
<p>Complete the trialling of a CAMHS online modelling tool. By using this tool, we will be able to work out how many more appointments CAMHS need to be able to offer, so that more of you can receive support from CAMHS if you need it. By knowing how many more appointments need to be offered, we can work out how many more specialist mental health practitioners we need. We will also be able to use this tool to know what evidence based support these practitioners will need to be trained in. This online modelling tool will be ready to use by January 2018.</p> <p>Develop a workforce plan based on the information above.</p> <p>Confirm the additional funding that will be needed to ensure the existing workforce is trained.</p> <p>Work with the workforce programme of the STP so that the training needs of the workforce are supported.</p>	<p>Based on the work completed in 2017 -18, we will identify what we need to do next to make sure that we reach this target.</p>	

Appendix 3: Risk and Protective Factors Emotional Health and Wellbeing: Local Data

The overview aims to present a brief summary of factors that have been identified as important influences on your emotional health and wellbeing. Below each factor, the bullet points give further information about our local STP area, highlighting points such as:

- Risk factors where the prevalence may be higher within the STP than the national average, where reports suggest the risk factor is an existing concern, or where we know about a trend
- Protective factors where there may be assets to build on or improving outcomes within the STP
- Important areas where there is little available data e.g. on parental mental health

Much of the data presented may be a 'proxy measure' for the factor in the absence of specific information. In some cases there is much more detail about a risk factor than can be included in a summary. There are also influences on mental health and wellbeing that arguably are not appropriate or not possible to 'quantify' easily or summarise in a few indicators - for example 'strong family values' or 'secure attachment'.

Whilst some of the information in the overview comes from well-validated sources, such as school attainment or hospital admissions, other information is based on local reports and surveys - especially those carried out in schools. The Schools Health Education Unit (SHEU) recently carried out school surveys in Plymouth and in Devon County Council (DCC). In Torbay and South Devon, the Children Count survey analysis has not yet been published although there are some preliminary results available. This data may have various weaknesses and may not always be representative of the views of all CYP in the STP. However, it is included to provide an indication of factors that might need further investigation.

Similarly, the overview diagram is not intended to be a detailed needs assessment; there are existing analyses and needs assessment carried out by the various partnerships, commissioning groups and local authorities which make up the CCG; and these are the authoritative sources of in-depth local knowledge and challenges across this wide and varying geographical area. The main data sources used to create the overview are presented in the Data Sources box, the most comprehensive being the Public Health England Fingertips tool. You can look at this by: fingertips.phe.org.uk.

Data Sources

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5. Plymouth City Council (2016) Survey of Health Visitor Caseloads:
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6. Torbay Health and Wellbeing Board (2017) Highlight Report: Mental Health prevention and early intervention
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8. Social Mobility and Child Poverty Commission. The Social Mobility Index
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11. Department for Education (2017) Early years foundation stage profile (EYFSP) results: 2017
www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2016-to-2017

Appendix 4: Early Help 4 Mental Health

The EH4MH programme is an emotional, psychological and social wellbeing service, aiming to improve resilience in children and young people. The programme is an important part of the early help system and supports the drive for prevention and early-intervention services which tackle mental health problems before they become more serious.

The programme has been in operation since September 2015 and encompasses two elements; direct support to children and young people (of secondary school age) through online and face-to-face counselling on a self-referral basis; and school support which aims to build the capacity of school staff to support pupils emotional health and wellbeing through a whole school approach.

Around 84% of Devon schools are working with the EH4MH programme (just over 300) and through this support; staff can access a range of training to enhance their knowledge, skills and confidence to manage low-level issues. As well as introductory courses in mental health, training also includes anxiety, bereavement, attachment patterns, self-harm and promoting resilience.

Schools can also access clinical supervision for staff and specialist consultation sessions; these can be used to discuss concerns, identify emerging mental health problems and develop solutions to better support the children and young people they are responsible for.

The programme is supporting cultural change, helping schools and staff to develop a common language around emotional health and wellbeing issues. In a recent survey with Devon schools (77 responded) 9 out of 10 said the EH4MH training has made a difference in their school.

In terms of direct support, Young Devon offers a range of therapeutic interventions across Devon including face-to-face counselling, mentoring and workshops in schools, working directly with pupils around issues impacting on their emotional health and wellbeing.

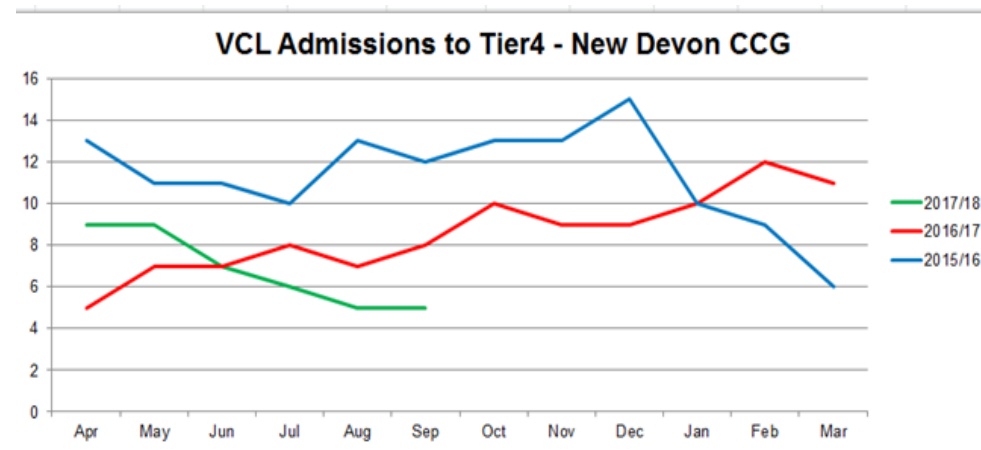
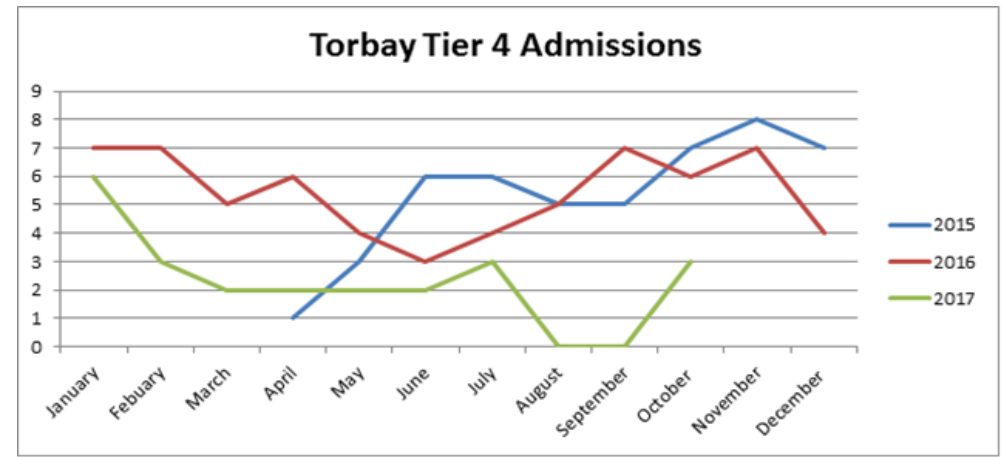
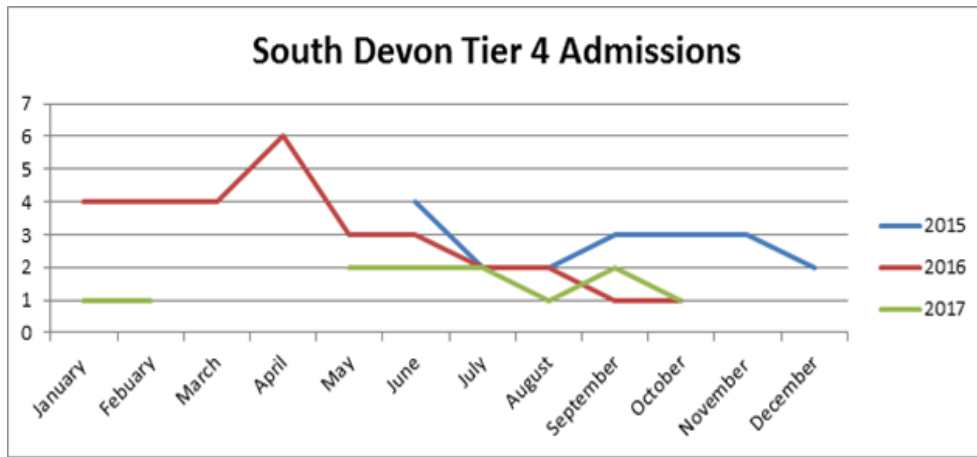
The online service 'Kooth' offers online Chat where children can speak directly to a counsellor, as well as messaging, live moderated forums and self-help materials (available up to 10pm in the evening 365 days a year). Kooth can also signpost to further support such as face-to-face support from Young Devon. 70% of Kooth log-ins are outside of office hours (9am-5pm) demonstrating how well this service fits in around young peoples' lives. To date, Young Devon has seen over 1,300 young people access their support services, and nearly 3,200 young people have registered and are using Kooth.

Visibility within schools has led to an increasing number of younger children seeking support through EH4MH, with 14-15 year olds the most prevalent age group accessing the direct support service. 50% of children and young people using Kooth heard about it at school; this demonstrates the success of the collaborative approach of the providers promoting services in schools.

The programme is largely funded by Public Health Devon, with contributions from schools, CCGs and Devon County Council Social Care. The Social Care funding and the CCG funding are from the Better Care Fund.

Appendix 5: Local CAMHS data

Tier 4 admissions:



Livewell: 2016/17	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total number of referrals	145	170	146	136	122	159	186	210	153	169	171	204	
Total number of accepted referrals	129	148	133	123	114	146	161	185	138	165	168	186	1,796
% seen within 18 weeks RTT	96	97	96	89	96	94	95	95	90	91.5	92	92.4	
Median wait for treatments (weeks)	5.6	7.2	7.7	4.8	5.7	5.3	7	5.6	7.7	8.2	8.8	7.8	N/A

VCL: 2016/17	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Total number of referrals	315	372	405	294	236	339	369	422	346	390	407	455	4,350
SDTCCG: Number of referrals	49	70	77	47	46	60	74	71	66	72	70	90	792
NEW Devon: Number of referrals	266	302	328	247	190	279	295	351	280	318	337	365	3,558
Total number of accepted referrals	185	221	242	194	151	231	253	293	244	287	280	320	2,901
SDTCCG: Number of accepted referrals	25	39	43	26	36	40	53	54	49	53	47	66	531
NEW Devon: Number of accepted referrals	160	182	199	168	115	191	200	239	195	234	233	254	
SDTCCG: % seen within 18 weeks RTT	89	89	92	94	92	95	99	96	94	94	94	95	
NEW Devon: % seen within 18 weeks RTT	83	91	91	89	87	88	90	92	95	93	93	94	
SDTCCG: Median wait for treatments (weeks)	8	6	5	6	6	5	5	6	7	7	6	5	
NEW Devon: Median wait for treatments (weeks)	8	8	6	7	8	8	6	5	6	7	6	7	

CYP IAPT evidence based support:

There are a number of different practitioners who have attended CYP IAPT training. These include staff within children's centres, family support workers, counsellors, workers from the voluntary and independent sector. The information below shows the courses that CAMHS staff across Devon have been on.

CYP IAPT Training Course	2015/16	2016/17
Cognitive Behaviour Practitioner	0	3
Cognitive Behaviour Supervisor	1	1
Parenting Practitioner	0	2
Parenting Supervisor	1	1
0-5 years Practitioner	0	1

0-5 years Supervisor	0	0
Children's Wellbeing Practitioner	0	1
Children's wellbeing Practitioner Supervisor	0	1
Systemic Family Therapist: Eating Disorder	0	1
Systemic Family Therapy Supervisor	0	0
Leadership	1	3
Systemic Family Practitioner: Conduct Disorder	2	0
Enhanced Evidence Based Practitioner	3	1
Supervisor	2	0

CAMHS Workforce:

Across our CAMHS services there are different practitioners including psychologists, psychiatrists, play therapists and many others. The information below shows that the whole time equivalents in each CAMHS service. You will see that each service has different numbers of staff. You cannot compare services by this, as each service covers a different size population. VCL has a larger workforce as it covers a larger area.

CAMHS	2015/16 (Whole Time Equivalentents)	2016/17 (Whole Time Equivalentents)
Livewell	47.7	71.6 (excludes medical and administrative staff)
VCL	116.45	135.22
TSDFT	38.2	39.1